



**Affidavit of Amounts Paid DBE Participants
For Local Agency Ad and Award Projects**

Contractor		Agency		Date
Address		City	State	Zip Code
TransAid Contract Number		Federal Aid Project Number		
Project Title				
Contract Bid Price \$		DBE Condition of Award \$		

DBE Participant Name and Address	Ethnic Code	Contract Type	Bid Item No.(s)	Amount Paid Participants (Including retainage held)
Ethnic Code: B = Black H = Hispanic A = Asian American		Contract Type: I = American Indian and Alaskan Native O = Other S = Subcontractor M = Material Supplier JV = Joint Venture		Total DBE Participation Achieved \$

Affidavit	
I, the undersigned, do hereby certify that in connection with all work on the project for which this statement is submitted, each DBE participant contracted by me has been paid the amounts shown for bid items, or portions thereof, listed.	
Notary Seal	Signature _____ Title _____ Subscribed and sworn before me this _____ day of _____ , _____ _____ Notary Public in and for the State of Washington residing at _____

**THIS FORM IS REQUIRED WITH THE FINAL ESTIMATE
FROM THE PRIME CONTRACTOR ON ALL PROJECTS**